# COMMUNITY PARTICIPATION IN HEALTH

## INSIGHTS FROM THE RESEARCH STUDY

COMPLUS

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## 1 INTRODUCTION

The study is part of a larger research study titled Community Voices in Health Governance - Translating Public Participation into Practice in a World of Pluralistic Health System (COMPLUS).

## 2 LOCATION

COMPLUS is a multi-country study between Brazil, India and South Africa.

This sub-study is based in the Western Cape, South Africa.

## 3 A PLURAL HEALTH SYSTEM

A health system where both public and private healthcare providers operate within one system, with shared goals ad policies. By integrating public and private health sectors, plural health systems seek to deliver more coherent, equitable, and accessible healthcare services.

## 4

Community participation is key in improving health system responsiveness, trust and ensuring that equitable services are provided to communities.

## AIM OF THE STUDY

- Understand how community participation is currently practiced (i.e. how health committees function).
- Identify what helps or makes participation difficult.
- Explore how health committees currently engage with, or understand the NHI.

## APPROACH

This was a study that used two methods to collect data.

A survey with health committee (HC) members (including 132 paricipants across Khayelitsha, Manenberg Cluster and Gugulethu Cluster) collected quantiative data.

13 Focus Groups with HCs across all three sites collected qualitative data.

## DATA COLLECTION

13 FGDS WITH HCS FROM KHAYELITSHA, MANENBERG AND GUGULETHU CLUSTERS

132 HC MEMBERS ANSWERED A SURVEY WHICH HAD 75 QUESTIONS

KHAYELITSHA


MANENBERG , HANOVER PARK, ATHLONE


GUGULETHU NYANGA, CROSSROADS


Data were collected from 98 women and 34 men.

Participants ranged in age from 19 to 72, with most in their 40s.

> ***"WE DO THIS BECAUSE THE COMMUNITY DEPENDS ON US, EVEN WHEN THE SYSTEM DOESN'T"***

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## FINDINGS: THEMES FROM THE DATA

### CURRENT ROLES OF HC MEMBERS

- Community awareness and education
- Raising concerns, complaints management
- Support during crises: Covid-19
- Advocacy and speaking up for the community

### SUPPORTS FOR COMMUNITY PARTICIPATION

- Training and capacity building
- Collaborative relationships
- Incentives
- Recognition

### BARRIERS TO COMMUNITY PARTICIPATION

- Inter-committee and internal conflicts
- Lack of recognition
- Strained relationships
- Appointed vs independent committees

### NEED FOR CAPACITY BUILDING AND STRUCTURAL SUPPORT

- Limited understanding of government policies and frameworks
- No standardised inductions for incoming HC members
- Need to clarify HC roles for effectiveness
- Ensure sustainable support structures

## FINDINGS: THEMES FROM THE DATA

### TRUST, LEGITIMACY, POWER DYNAMICS

- Weakened trust when HCs are not recognised
- Representation on HCs need to reflect broader community diversity
- Unequal power distribution amongst health staff and HC members
- Appointed Health Committees are sometimes seen as government-driven, while Independent Health Committees view themselves as more legitimate in the eyes of the community.

### LIMITED AWARENESS AND UNDERSTANDING OF THE NHI

- Low awareness and understanding of the NHI
- Weakened voice makes it hard for HCs to contribute meaningfully, and advise their communities
- Missed Opportunity: HCs are less able to influence NHI planning that affects local clinics
- Need for clear training on the NHI

### OPERATIONAL INVOLVEMENT WITHOUT DECISION-MAKING POWER

- Gaps exist in HCs inclusion in decision-making
- Participation is operational rather than strategic
- HCs are supportive agents, not governance actors

***"IF WE ARE NOT PREPARED, HOW CAN WE HELP THE COMMUNITY UNDERSTAND AND BENEFIT FROM THE NHI?"***

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## RECOMMENDATIONS

### GENERAL

- Provide more targeted training (on the NHI, Ideal Clinic Manual)
- Provide resource support, e.g. transport
- Provide role clarity between appointed and independent committees

### POLICY LEVEL

- **Clear Roles:** HC roles and rules need to be made standard and clear for everyone
- **Official Voice:** HCs should have a formal place in the new NHI system's decision-making
- **Proper Training:** Members should receive funded, consistent national training to build their skills
- **Community-Chosen:** Members should be selected by the community, not politicians, to ensure they truly represent communities
- **Dedicated Budget:** Committees should receive their own funding for transport, materials, and activities
- **Public NHI Education:** Nationwide campaign should explain the NHI so HC members and communities understand it

> ***"I FEEL LIKE THIS COMMITTEE IS JUST WINDOW DRESSING"***

## RECOMMENDATIONS

### FACILITY AND SUB-DISTRICT LEVEL

- **Regular, Official Meetings:** Health committees and facility managers must meet regularly with set agendas and a way to track feedback
- **Staff Training on Committees:** Hospital/clinic staff should be trained to understand, respect, and properly collaborate with HC members
- **Support for Participation:** Members should receive practical support (transport, airtime, supplies) to attend meetings and do their work
- **Joint Problem-Solving:** Create direct channels for committees, facility managers, and district officials to solve problems together